

CLAIMS ONLY							Application Number 10/697181		Filing Date		
							Applicant(s) 1				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total							Total				
Indep							Indep				
Depend	10						Depend				
Total	11						Total				
Claims							Claims				